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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J28830

1. Corporation Name

R. & M.	ROOFING	COMPANY, IN	:										
Principal Place	e of Business		Mailing	g Address	-					IIR BBIH DIBRI DIB	# BIBH GIBH G	TIBIL ALBIY LARY	
529 S. MARKET FT PIERCE FL US			5702 PINETREE DR. FT PIERCE FL 34982 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed							
		•							08/14/1986				
2. Principal Pi	lace of Busine	2a. Ma	2a. Mailing Address				4	4. FEI Number		Ap	plied For		
21		26	26					<u>59-2721751</u>			t Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				- -	5. Certifcate of Status Desired		\$8.75 A	Additional equired		
22		27	· · · · · · · · · · · · · · · · · · ·				Η.						
City & State	iθ .	28	City & State				- ['	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t			
23 Country 25			Zip				untry		This corporation owes the curr Personal Property Tax.		ngible	∑ No	
24		and Address of Cur		<u>1 — - 1 — — — — — — — — — — — — — — — — </u>				1	0. Name and Address of New F	legistered A	gent		
			•	J		81	Name						}
	ær a. Mos 2 Pinetree					Street Add	dress (P.O. Box Number is Not Acceptable)						
FT. I	PIERCE FL 3												
						City	FL 85 Zip Code			Code	1		
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 2.) OFFICERS AND DIRECTORS 13.							•			DATE			e e
12.	VPST	OFFICERS	AND DIRECTO	15 511 (20 10 10 10 10 10 10 10 10 10 10 10 10 10		1.1 TITLE			ADDITIONO/DITARGED TO GI	TIOETTO TATE	Change	Addition	1
NAME	MOSLEY, MARIA L			_		1.2 NAME							7
STREET ADDRESS				1.3 S		1.3 STREET ADDRESS							6
CITY-ST-ZIP	FORT PIERCE FL			1.4		1.4 CITY-ST-ZIP							ز [
TITLE ,	PD			☐ DELETE		2.1 TITLE					Change	Addition	١
NAME	MOSLEY, ROGER					2.2 NAME							
STREET ADDRESS	PT OFFICE PARTY					2.3 STREET ADDRESS							_
CITY-ST-ZIP	FT. PIERCE FL			☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE				-	Change	Addition	1
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STREET ADDRESS							ADDRESS						}
CITY-ST-ZIP						XTY-S	1]
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NAME	i l			4.21		IAME							
STREET ADDRESS					4.3 STREE		ADDRESS						
CITY-ST-ZIP .						ITY-S	T-ZIP		<u>'</u>		☐ Change	Addition	}
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NAME							ADDRESS						
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CITY-ST-ZIP TITLE	†	<u> </u>		☐ DELETE	6.1 T				·		☐ Change	Addition	1
NAME .				6.2 NAM									
					635	TREET	T ADDRESS						1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP